

Best Practices for Phone & Virtual Interpretation

Introduction

Many Migratory and Seasonal Agricultural Workers (MSAWs) have Limited English Proficiency (LEP) and may experience language barriers when accessing health care services. These workers have the right to language access services in health care settings under the law.¹ According to the Title VI of the Civil Rights Act of 1964 and The Affordable Care Act Section 1557, any health care provider that receives funding from the federal government is obligated to take reasonable steps to ensure meaningful access to health services for LEP individuals, including receiving services in their own language. Sixty-five percent of MSAW respondents to the National Agricultural Worker Survey (NAWS) reported Spanish as their preferred spoken language, and data from the National Center for Farmworker Health (NCFH) showed Farmworker COVID-19 Community Assessment data show that there is a growing presence of MSAWs whose first language is a Mesoamerican Indigenous language.^{2,3} Patients with LEP have a greater difficulty understanding information and instructions from health care providers, including how to manage their condition, the meaning of their diagnosis, treatment available, how to take their medication, adverse side effects, ongoing symptoms of concern, and when to follow-up when information is not provided in their first language. Health care providers can make more medical errors when they do not use professional interpreters, lowering their quality of care for LEP patients.^{4,5} Given the potential impact on patient health outcomes, it is critical for health care staff to have language access programs and services in place, including phone and virtual interpretation and translation services.



This resource will provide a brief overview on the role of interpreters and tips to identify patient languages and varieties. It also includes a list on best practices for phone interpretation when serving MSAW populations to facilitate language access services over the phone and improve quality patient care between patients and health providers.

Interpreter Role

Interpreters provide verbal interpretation from one language to another. Usually, these interpreters are contracted through interpretation agencies or are trained and qualified staff.⁶ They can provide services in person, via telephone, or through virtual platforms.⁷

Identifying Language

Identifying the language and/or its variety is necessary when looking for an interpreter. Asking a patient about their native language directly could be an issue due to discrimination and/or violence Indigenous people have faced in relation to their ethnicity. The steps below are sensitive ways to identify language, as well as tools available to identify languages and variants.

1

Identify the geographic area or community you are working with. You may access [NCFH's Language Map](#) to view languages reportedly spoken by MSAWs in the U.S.

2

Set up a language match call with an organization that provides interpretation services for Indigenous languages using this [Translation/Interpretation Directory](#).

3

Ask a community member to listen to a recording in the specific language variety based on their hometown information from a resource such as [SIL México](#) or [Glottolog \(Mexico, Guatemala, and other countries\)](#).

4

Use ["I Speak" cards](#) or electronic translation applications to detect the language with patients if no community informants are available.

5

If you have identified the languages but need further assistance in identifying the language variety, share the information you have gathered with Indigenous languages experts, including Indigenous advocacy organizations, Indigenous interpretation/translation organizations, or linguists or anthropologists familiar with these languages to identify the correct language variety. Share with language experts the name of the *"departamento"* or *"estado"* (state) and *"municipio"* or *"pueblo"* (town), region, or community that community members are from, or information about how they identify their language. See the [Additional Resources](#) section below for recommendations for interpreter and translation organizations. Note also the [NCFH Guide to implement a Language Access Program](#) at your center.

[Best practices on using Interpreters via telephone or video call](#)

Health providers should follow the best practices below when utilizing interpreters to provide patient services and health information:

- Use certified interpreters or trained, qualified staff fluent in English and the language for interpretation who are familiar with health care terminology, the purpose of work, and are aware of [code of ethics for interpreters](#).
- Allow enough time for appointments, since interpretation usually take 2-3 times as long as an appointment without interpretation. Consider scheduling appointments before or after the patient's workday (lunch breaks may be too short).
- Build rapport with the patient before interviewing and communicating about health services.⁸ This includes introductions and relationship building strategies, such as showing respectful interest in patient's families and cultures.² Community Health Workers (CHWs) often play a critical role in building rapport between clinicians and patients who do not share a common cultural background. CHWs are often very skilled at building trust with community members and patients, and can help you to improve your communication strategies.¹⁰
- Provide HIPAA statement about confidentiality.
- Speak directly to the patient, then pause, and allow the interpreter to talk afterwards and directly interpret the information. This is called using Consecutive mode, where the speaker pauses allowing the interpreter to repeat. Speak slow and at an even pace to give interpreters time to think before relaying the message in another language.
- Be sure to use plain, jargon-free language as many people are unfamiliar with medical terms.¹¹
- Break up long thoughts into shorter segments for an easier flow of conversation with the interpreter. Ask questions or speak sentences one at a time.
- Ensure that the patient understands the information by asking them to "teach it back" to you, or demonstrate the actions needed.¹² More information on teach-back methods and show-me methods are listed under [Additional Resources](#).¹³



Special Considerations for Telehealth Appointments

Telehealth interpretation may have technical problems, which can interfere with the quality of communication (J.E. Murphy, 2018). The considerations below may help minimize these disruptions:

- Ask the patient's preferences, if they would prefer a video or audio only call.⁸
- Ask the patient to find a quiet, safe environment with limited distractions.
- Ensure the patient has a strong broadband/Internet connection to minimize technical issues.⁷
- See Culturally and Linguistically Appropriate Services listed in the [NCFH Health Center Tool Box](#) for more Telehealth tools.



Commonly used language line services:

See table below for commonly used language line services, available virtually or through the telephone for health care settings. These services can be incorporated into your language access program and used by staff for interpretation with LEP patients.

Company	Phone Number	Website
Propio	913-381-3143	https://propio-ls.com/
The Language Doctors	773-983-6744	https://thelanguagedoctors.org/
TransPerfect	212-689-5555	http://www.transperfect.com
LanguageLine Services	1-800-752-6096	http://www.language.com

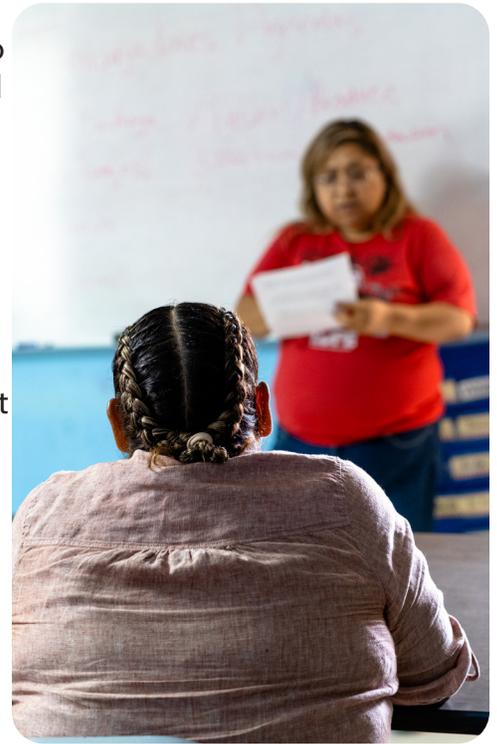
More Language access and Interpretation services

- [Burma Center, Language Access](#)
- [Comunidades Indígenas en Liderazgo](#)
- [EMBARC Interpretation & Translation Services](#)
- [INGCO International](#)
- [Language Access Florida](#)
- [Language Access Resource Center \(LARC\)](#)
- [NCFH directory for Mesoamerican interpreters](#)

Troubleshooting Common Issues

Below is a list of common issues with interpretation within health care settings and how to overcome them.

- If you notice your interpreter does not speak the correct language variety at any time during the contact, take the time to step back and carefully identify the correct language variety and seek a proper interpreter for the variety before continuing.
- If there are connection issues at any time during the contact, stop to ensure the phone or video connection and quality is good before moving on.
- In a health care setting, ad-hoc interpreting and using bilingual family members as interpreters is highly discouraged. This can lead to miscommunication and health issues due to inconsistent and limited medical literacy and family dynamics.¹⁵ Ensure a qualified hired or contracted interpreter who is certified for the needed language is used for any appointment needing interpretation.
- Cost can be a concern and barrier for patients to access health care services. The organizations are required to provide notice to patients in their own language that an interpreter will be provided at no cost to them.¹⁵



Additional Resources

NCFH language access resources

- [Utilizing WhatsApp for Real-Time Language Interpretation on Agricultural Worksites](#)
- [Telephonic Interpretation During Field Surveys in Multilingual Communities](#)
- [NCFH Guide to implement a Language Access Program](#)

Other language access resources

- [Coalition Against Sexual Assault sample language access plan](#)
- [Tips for Translating Materials](#)
- [Cultural Validation and Translation Review Toolkit](#)
- [Toolkit for Written Translation](#)
- [Yamhill Community Care Language Access Toolkit](#)
- [CDC Culture and Language Resources](#)
- [ARHQ Health Literacy Universal Precautions Toolkit, 2nd Edition: Use the Teach-Back Method: Tool #5](#)
- [Language, Interpretation, and Translation: A Clarification and Reference Checklist in Service of Health Literacy and Cultural Respect](#)

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